

## Children's Hospital and Health System Investments to Improve Child Health

### Background:

In 2009, the Board of Directors of the Children's Hospital and Health System of Wisconsin (CHHS) set as its vision that Wisconsin would have the healthiest children in the nation. In order to accomplish this goal, CHHS acknowledged that poor child health outcomes in Milwaukee and the state must be addressed using new strategies.

### Current State:

Children born in Milwaukee are more likely to experience low birth weight, higher preventable hospitalization rates, unstable families, higher injury rates, and higher infant mortality rates than children born in many other cities in the nation. These significant challenges affect a child's ability to grow and develop into his full potential, and increase the likelihood that—as an adult—this child will have children of his own with these same challenges—continuing the cycle of poverty, poor health and fractured communities.

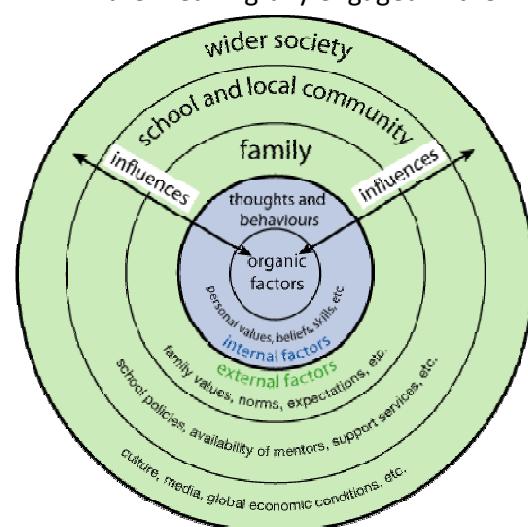
#### Child Health in Milwaukee

- Asthma affects nearly 30,000 children in Milwaukee, negatively impacting school attendance and recreation, and frequently resulting in preventable hospitalizations.
- Multiple factors have made having safe and strong families an exceptional experience, rather than the norm.
- Poor nutritional options and diminished opportunities for physical activity have contributed to a nearly 18% obesity rate among Milwaukee students.
- Lack of access to dental providers results in unnecessary pain, school absenteeism and 2,875 ER visits in 2005 alone.
- Access to mental health services for children is lacking

In contrast, studies show that children who grow up in healthy environments—with engaged and supportive families, nutritious food, opportunities for physical activity, clean and safe physical surroundings, and access to excellent health care—have better health outcomes, better quality of life, enhanced civic engagement, and lower health care costs. In addition, studies demonstrate that when individuals are meaningfully engaged in the

transformation of their own health or when populations are invested in the transformation of their own communities, they are more likely to develop health self-efficacy skills, to sustain active participation in self-governance, and to foster community cohesion.

This ecological perspective of a child acknowledges that there are many more influences on child health outcomes than simply the provision of high-quality health care. In fact, according to national studies, the provision of high-quality health care only contributes

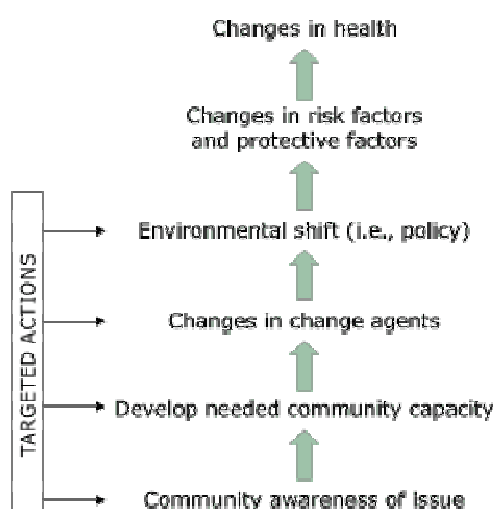


approximately 10-15% to a population's well-being; how well a child does physically, emotionally and developmentally depends primarily on *external* influences affecting his or her health behaviors. CHHS' enterprise strategic planning process is utilizing the social-ecological model of health described by Urie Bronfenbrenner, as a tool to facilitate a unified approach to improving child health throughout the continuum of care instances—from community-based health improvement to the provision of high quality health care in a quaternary inpatient setting.

### Approach:

CHHS has initiated a community-based effort to improve child health that acknowledges the influence of social, cultural and environmental factors on health and recognizes that such influences may have particularly deleterious effects when they occur during critical periods over one's life course. CHHS is bringing the full spectrum of the system to bear in the community engagement effort. By connecting CHHS' vast clinical and community-based resources—school nurses, community pediatricians, social workers, health educators, foster care parents, hospitalists, emergency department staff, researchers and policy makers—we can facilitate community health improvement both directly (e.g. expanding mental health and dental care in underserved areas), and indirectly (e.g. bringing law enforcement to the community conversation re: crime reduction; supporting policy changes at the local, state and national levels that have an impact on child health).

CHHS has selected three neighborhoods for initial engagement efforts. These neighborhoods—



Metcalfe Park, Amani/Franklin Heights, and Lindsay Heights—were identified because 1) they had a high concentration of pediatric-aged residents; 2) there were significant, but modifiable challenges to child health outcomes; and 3) they had an existing trusted community resource(s) that was willing to partner with CHHS in engaging the community in new ways to improve child health outcomes. CHHS is employing an evidence-based strategy of community engagement (Figure) that facilitates community-initiated change and contributes to greater community resiliency, resident empowerment and improved health outcomes. This CDC-developed model, Racial and Ethnic Approaches to Community Health (REACH), has been implemented effectively in several communities

in the US resulting in sustained improvements in community health outcomes.

In addition to implementing this community capacity-building model, CHHS is also concentrating System resources in our partner communities to further support community health and to demonstrate our commitment to these partnerships. In 2011, CHHS redesigned our school nurse program, such that the school nurses are assigned full-time to their school community. The **eight full-time nurses** serve schools in these three neighborhoods. The nurses not only provide traditional school nurse services, they also partner with school leadership to implement the CDC-based Coordinated School Health Program—an eight component program to improve health and well-

being in the school setting. Additional support would allow us to expand this critical resource to many of the other 15 schools in these communities.

Another evidence-based strategy that CHHS is implementing is the use of community “navigators”—trusted local residents who educate neighbors about a specific behavior change or resource utilization that will result in improved health outcomes. **Community Navigators** work as an extension of a broad care continuum to connect residents with the right information at the right time to support well-informed health behaviors and will also provide CHHS with grass-roots knowledge of community or neighborhood barriers to improving health. This coordinated approach will allow CHHS and other community partners to facilitate effective community transformation that is respectful of the local culture. Children’s has hired Community Navigators for two of our priority neighborhoods and is actively recruiting for the third.

In 2013, Children’s is planning to open two new primary care *family practice* clinics: one at the Northside YMCA at 13th and North Avenue and the other at the COA Goldin Center at 23rd and Burleigh. The neighborhoods surrounding both the Northside YMCA and the COA Goldin Center are considered Health Professional Shortage Areas (HPSA). This designation means that there are insufficient primary care providers to meet the needs of the population. CHHS is establishing these two clinics in direct response to feedback from neighborhood residents who shared that caregivers lack access to health which hindered their ability to fully care for their children. To provide the full spectrum of care for children and their caregivers, we are partnering with another community health agency to provide adult care at these sites. This initiative enables the **provision of high-quality primary and sick care** to children and their caregivers in these neighborhoods.